

8-LINE ITEM INVOICE TEMPLATE

CA Department of Health Services
 Cancer Detection Section
 Contract Analyst:
 MS 7203
 P.O. Box 997413
 Sacramento, CA 95899-7413

Check if Final Invoice ()
 Contract Number:
 Term of Contract:
 Period of Invoice:
 Invoice Number:

Date:
 Agency Contact:
 Agency Name:
 (Address)

BUDGET CATEGORIES	ACTUAL EXPENSES THIS PERIOD
A. PERSONNEL EXPENSES	
B. FRINGE BENEFITS (at 20-25% OF PERSONNEL COSTS)	
C. OPERATING EXPENSES	
D. EQUIPMENT EXPENSES (For budgeting purposes only, include equipment items with a unit cost of \$5,000 or more, with a life expectancy of one year or more. Itemize if total is equal to or exceeds \$50,000.)	
E. TRAVEL AND PER DIEM (at State DPA Rates)	
E. SUBCONTRACTS/CONSULTANTS (Itemize if total is equal to or exceed \$50,000. Include the name of each subcontractor if known.)	
G. OTHER COSTS (Itemize costs here if the line item total exceeds \$50,000. List the major expenses that make up this line item.)	
H. INDIRECT EXPENSES (\leq 12%)	
TOTAL INVOICE AMOUNT	

I certify that this claim is in all respects true, correct, supportable by available documentation and in compliance with all terms, conditions, Laws, and regulations governing its payment.

 Authorized Agency Signature

 Date